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Facsimile 954-522-9123FACSIMILE TRANSMISSION COVER SHEET

PLEASE DELIVER TO:

NAME: Examiner Steven M. Marsh/Art Unit 3632

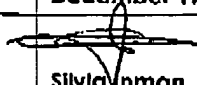
FAX TELEPHONE NO. 571.273.8300

MESSAGE SENT BY: Daniel C. Crilly, Esq.

DATE: December 17, 2007

PAGES: (including cover)..... 21

MESSAGE: Please see attached Transmittal Form (1 page); Fee Transmittal Form (1 page), Petition for One Month Extension of Time (1 page); and Amendment under 37 C.F.R. § 1.111 (17 pages) in connection with U.S. Appl. Serial No. 10/644,280. Thank you.

| CERTIFICATE OF FAX TRANSMITTAL  |  |
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| I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, at (571) 273-8300 Centralized Facsimile, addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date listed below: |  |
| Date:   | December 17, 2007  |
| Signature:  |  |
| Typed or Printed Name:  | Silvia Inman   |

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PTO/SB/21 (09-04)


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|   |                      |                        |            |
|---|----------------------|------------------------|------------|
| <b>TRANSMITTAL<br/>FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 10/644,280             |            |
|   | Filing Date          | August 20, 2003        |            |
|   | First Named Inventor | Howard Sinkoff         |            |
|   | Art Unit             | 3632                   |            |
|   | Examiner Name        | Steven M. Marsh        |            |
| Total Number of Pages in This Submission  |                      | 21                     |            |
|   |                      | Attorney Docket Number | 7647-03468 |

| ENCLOSURES (check all that apply)   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Documents<br><input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><br><input type="checkbox"/> Response to Missing Parts<br>under 37 CFR 1.52 or<br>1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence<br>Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify<br>below): |
| Remarks   |   |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |          |        |
|--|---|----------|--------|
| Firm Name                                  | BRINKLEY, MORGAN, SOLOMON, TATUM, STANLEY, LUNNY & CROSBY, LLP                      |          |        |
| Signature                                  |  |          |        |
| Printed Name                               | DANIEL C. CRILLY, ESQ.  |          |        |
| Date                                       | December 17, 2007   | Reg. No. | 38,417 |

| CERTIFICATE OF TRANSMISSION/MAILING  |   |      |                   |
|--|---|------|-------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. |   |      |                   |
| Signature  |  |      |                   |
| Typed or printed name  | Silvia Inman  | Date | December 17, 2007 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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|   |  |                          |                 |
|---|--|--------------------------|-----------------|
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). |  | <b>Complete if Known</b> |                 |
| <b>FEE TRANSMITTAL</b><br><b>For FY 2007</b>  |  | Application Number       | 10/644,280      |
|   |  | Filing Date              | August 20, 2003 |
|   |  | First Named Inventor     | Howard Sinkoff  |
|   |  | Examiner Name            | Steven M. Marsh |
|   |  | Art Unit                 | 7474            |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27           |  | Attorney Docket No.      | 7647-03468      |
| TOTAL AMOUNT OF PAYMENT (\$)  |  | 60                       |                 |

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-1111 Deposit Account Name: BRINKLEY, MORGAN et al.  
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments under 37 CFR 1.16 and 1.17

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 310         | 155                   | 510         | 255                   | 210              | 105                   |                |
| Design           | 210         | 105                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 210         | 105                   | 310         | 155                   | 160              | 80                    |                |
| Reissue          | 310         | 155                   | 510         | 255                   | 620              | 310                   |                |
| Provisional      | 210         | 105                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description   | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent            | 50       | 25                    |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 210      | 105                   |
| Multiple dependent claims   | 370      | 185                   |

**Total Claims** - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
HP = highest number of total claims paid for, if greater than 20

**Indep. Claims** - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


**Total Claims** - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Fee for One Month Extension of Time 60

**SUBMITTED BY**

|                   |   |   |                        |
|-------------------|---|---|------------------------|
| Signature         |  | Registration No. 38,417<br>(Attorney/Agent) | Telephone 954-522-2200 |
| Name (Print/Type) | Daniel C. Crilly  | Date  | 12/17/2007             |

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